														-
CLAIM FOR REIMBURSEMENT FOR EXPENDITURES				1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE			2. VOUCHER NUMBER							
								3. SCHEDULE NUMBER						
ON OFFICIAL BUSINESS								3. SCHEDULE NUMBER						
Read the Privacy Act Sta				tement on the back of this form.				5. PAID BY						
$\neg$	a. NAME	(Last,	first, middle intial)			b. SOCIAL SECUI	RITY NO.							
4.														
F														
CLAIMANT	c. MAILI	MAILING ADDRESS (Include ZIP Code)				d. OFFICE TELEPH								
3														
0														
					5			L						
6. EX	PENDI	TURE:	S (If fare claimed in col. (g) exce claimant.)	eeds char	ge for one persor	n, show in col. (h) the	e number of	f addition	al pe	rsons whi	ich ac	ccomp	panied	the
	ATE		Show appropriate code in col. (b):						Α.	MOUNT	N AIR	4ED		
DATE		C	A—Local travel	MILEAGE			MOUNT CLAIMED							
19		D	D Cheep none or telegraph, or							FARE		ADD.	TIPS AND	
E		Е		in specific detail.)		NO. OF	MILEAGE OR T		OR TOL	1 1	PER- SONS	MISCE	EL-	
(a) (b)			(c) FROM	T		) TO	MILES (e)	(1)		(g)		(h)	(h) (i)	
	147	107	107			,	1-7	17		1		0.7		
					17									
									<u> </u>					-
									)   					į
									<u> </u>	1	-			-
									i 1	1				1
				-					-					<u>i</u>
									<del> </del>					<del> </del>
										į				į
				-										
									<u>i</u>					<u> </u>
									i					
									-	ļ .				-
									i					!
			L	-					-	i				<del> </del>
If add	ditional s	space	is required continue on the back.	:	SUBTOTALS CARRIE BACK	D FORWARD FROM THE								
			INSER (Table 1 and 10) (a) and (b)			T			<del> </del>					-
7. AI	MOUNT	CLAI	IMED (Total of cols. (f), (g) and (i)	).) <b>&gt;</b> \$		TOTALS				l				İ
			roved. Long distance telephone ca			10. I certify that this								and
as necessary in the interest of the Government. (Note are included, the approving official must have been at the head of the department or agency to so certify (							nat payment or credit has not been r				eceived by me.			
				ify (31 U.S.C. 680a).)			Sign Original Only							
			Sign Original Only								1.1	DATE		
			org. Original Orly			CLAIMANT								
				10	DATE	SIGN HERE	CASI	H PAYMEN	T PEC	FIPT				
						a. PAYEE (Signature)		b. DAT	b. DATE RECEIVED					
APPROVING OFFICIAL														
9. This claim is certified correct and proper for payment.						1				-	c. AMC	DUNT		
Sign Original Only						\$			\$					
AUTHORIZED CERTIFYING			10	DATE	12. PAYMENT MADE									
OFFIC	ER					BY CHECK NO.								
OR OTHER DESIGNATION OF THE PERSON NAMED IN		IG CL	ASSIFICATION											

DATE		Show appropriate code in col. (b):		AMOUNT CLAIMED					
	CODE	A—Local travel B—Telephone or telegraph, or C—Other Expenses (itemized)			AMOUNT OLAIMED				
19		B—Telephone or telegraph, or	MILEAGE RATE ¢			ADD	TIPS AND		
	E	(Explain expenditures in specific detail.)			MILEAGE	FARE OR TOLL	ADD. PER- SONS	TIPS AND MISCEL- LANEOUS	
(a)	(b)			NO. OF MILES (e)	40	(g)	(h)	(1)	
(a)		(c) FROM	(d) TO		(f)	1 (9)		1	
					!				
		s see reserve							
							1		
		9 3 3 3 4 7							
						-	<del> </del>		
		e 20							
	-					<b></b>	+		
		1 1 28 3							
							+		
						<u> </u>	-		
		- 77							
					-		-		
		Y A	A 1						
	-			-			+	-	
-			<u> </u>				1		
				i					
			4						
			7						
	-						-	-	
						-	-	-	
		Total e	ach column and enter on the front, subtotal line						

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101–7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.